

FILED AUG 53 1947

State File No. \_\_\_\_\_

Registration District No. 33

Primary Registration District No. 6239

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2 miles west of Bismarck /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington / 0

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles west of Bismarck e  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 3  
If yes, name country \_\_\_\_\_

3. (a) PRINT NAME Gale Edward McDonald  
FULL NAME

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 28 1945  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death peg feet and  
rust treatment  
Coroner J. J. Verdick

8. AGE: Years Months Days If less than one day

<u>1</u>	<u>8</u>	<u>15</u>	_____ hr. _____ min.
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Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 168

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Ironton Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Roy Frederick McDonald

13. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Grace Clemons

15. Birthplace Bismarck Missouri 0  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy F. McDonald

(b) Address Bismarck Mo.

17. (a) burial (b) Date thereof 7-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 3

23. Signature J. J. Verdick 3  
Address Bismarck Mo. Date signed 7-14-47

18. (a) Signature of funeral director White & Hill

(b) Address White & Hill Bismarck Mo.

19. (a) 7-28-47 Gale McDonald  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4  
File Number 247-995  
Date Filed 8-4-47

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arnold White  
Licensed Embalmer No. 3012  
P. O. Address Porter Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**